

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label

The Institutional Events file contains data about all short-term facility (usually SNF) stays of the MCBS population that were either reported during a community interview or created ther Medicare claims data.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	2					C INSTITUTIONAL EVENT RECORD
VERSION	3	1					C VERSION NUMBER
BASEID	4	8					C UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C UNIQUE EVENT IDENTIFIER
				542		C000-C999	EVENT CREATED FROM CLAIM
				373		0000-9999	SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C ORIGINAL REPORTED EVENT TYPE
				542			INAPPLICABLE
				0			DU DENTAL
				0			ER EMERGENCY ROOM
				98			IP INPATIENT
				275			IU INSTITUTIONAL UTILIZATION
				0			MP MEDICAL PROVIDER
				0			OM OTHER MEDICAL EXPENSE
				0			OP OUTPATIENT
				0			PM PRESCRIBED MEDICINE
				0			SD SEP BILLING DOCTOR
				0			SL SEP BILLING LAB
CLAIMID	20	7					N CLAIM THIS SURVEY EVENT MATCHED TO
EVBEGYY	27	2	\$EVYY				C EVENT BEGIN YEAR
				0			INAPPLICABLE
				3			-8 DK
				912			00-99 YEAR
EVBEGMM	29	2	\$EVMM				C EVENT BEGIN MONTH
				0			INAPPLICABLE
				4			-8 DK
				911			01-12 MONTH
				0			95 STILL IN PROGRESS
EVBEGDD	31	2	\$EVDD				C EVENT BEGIN DAY
				0			INAPPLICABLE
				0			-5 MULTIPLE VISITS THIS MONTH
				26			-8 DK
				889			01-31 DAY OF MONTH
EVENDYY	33	2	\$EVYY				C EVENT END YEAR
				0			INAPPLICABLE
				6			-8 DK
				909			00-99 YEAR
EVENDMM	35	2	\$EVMM				C EVENT END MONTH
				0			INAPPLICABLE
				8			-8 DK
				907			01-12 MONTH
				0			95 STILL IN PROGRESS

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EVENDDD	37	2	\$EVDD				C EVENT END DAY
				0			INAPPLICABLE
				0			-5 MULTIPLE VISITS THIS MONTH
				32			-8 DK
				883			01-31 DAY OF MONTH
SOURCE	39	1	\$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				149			1 SURVEY ONLY
				542			2 CLAIMS ONLY
				224			3 BOTH SURVEY & CLAIMS
SITCODE	40	1	\$SITCODE				C COMMUNITY OR FACILITY SETTING?
				0			B BOTH COMM & FAC
				141			C COMMUNITY
				5			D DEEMED COMMUNITY
				5			F FACILITY
				4			G DEEMED FACILITY
				760			S SNF
AMTTOT	41	9	MONYFMT				N TOTAL PAYMENT
				915			AMOUNT AS \$\$\$\$\$\$.CC
IMPATOT	50	1	IMPFLAG				N IMPUTATION FLAG: TOTAL PAYMENT
				672			0 NOT IMPUTED
				243			1 IMPUTED
AMTCOV	51	9	MONYFMT				N PORTION OF TOTAL PAY COV BY MEDICARE
				915			AMOUNT AS \$\$\$\$\$\$.CC
AMTNCOV	60	9	MONYFMT				N PORTION OF TOTL PAY NOT COV BY MEDICARE
				915			AMOUNT AS \$\$\$\$\$\$.CC
AMTCARE	69	9	MONYFMT				N AMOUNT PAID BY MEDICARE
				915			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCARE	78	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE
				914			0 NOT IMPUTED
				1			1 IMPUTED
IMPACARE	79	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				911			0 NOT IMPUTED
				4			1 IMPUTED
AMTCAID	80	9	MONYFMT				N AMOUNT PAID BY MEDICAID
				915			AMOUNT AS \$\$\$\$\$\$.CC
IMPSCAID	89	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID
				886			0 NOT IMPUTED
				29			1 IMPUTED

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IMPACRID	90	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID
				791			0 NOT IMPUTED
				124			1 IMPUTED
AMTHMOM	91	9	MONYFMT				N AMOUNT PAID BY MEDICARE HMO
				915			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOM	100	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO
				886			0 NOT IMPUTED
				29			1 IMPUTED
IMPAHMOM	101	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO
				880			0 NOT IMPUTED
				35			1 IMPUTED
AMTHMOP	102	9	MONYFMT				N AMOUNT PAID BY PRIVATE HMO
				915			AMOUNT AS \$\$\$\$\$\$.CC
IMPSHMOP	111	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO
				904			0 NOT IMPUTED
				11			1 IMPUTED
IMPAHMOP	112	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO
				904			0 NOT IMPUTED
				11			1 IMPUTED
AMTVA	113	9	MONYFMT				N AMOUNT PAID BY VETERANS ADM
				915			AMOUNT AS \$\$\$\$\$\$.CC
IMPSVA	122	1	IMPFLAG				N IMPUTATION FLAG: SOP VETERANS ADM
				911			0 NOT IMPUTED
				4			1 IMPUTED
IMPAVA	123	1	IMPFLAG				N IMPUTATION FLAG: AMT VETERANS ADM
				910			0 NOT IMPUTED
				5			1 IMPUTED
AMTPRVE	124	9	MONYFMT				N AMOUNT PAID BY PRIV INS (EMPLOYER SPON)
				915			AMOUNT AS \$\$\$\$\$\$.CC
IMPSRVE	133	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				844			0 NOT IMPUTED
				71			1 IMPUTED
IMPAPRVE	134	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				843			0 NOT IMPUTED
				72			1 IMPUTED

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AMTPRVI	135	9	MONYFMT				N AMOUNT PAID BY PRIV INS (INDIV PURCH) AMOUNT AS \$\$\$\$\$\$.CC
				915			
IMPSRVI	144	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR 0 NOT IMPUTED 1 IMPUTED
				865			
				50			
IMPAPRVI	145	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR 0 NOT IMPUTED 1 IMPUTED
				860			
				55			
AMTPRVU	146	9	MONYFMT				N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH) AMOUNT AS \$\$\$\$\$\$.CC
				915			
IMPSRVU	155	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN 0 NOT IMPUTED 1 IMPUTED
				843			
				72			
IMPAPRVU	156	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN 0 NOT IMPUTED 1 IMPUTED
				843			
				72			
AMTOOP	157	9	MONYFMT				N AMOUNT PAID BY PERSON/FAMILY AMOUNT AS \$\$\$\$\$\$.CC
				915			
IMPSOOP	166	1	IMPFLAG				N IMPUTATION FLAG: SOP PAID BY PERSON 0 NOT IMPUTED 1 IMPUTED
				795			
				120			
IMPAAOP	167	1	IMPFLAG				N IMPUTATION FLAG: AMT PAID BY PERSON 0 NOT IMPUTED 1 IMPUTED
				730			
				185			
AMTDISC	168	9	MONYFMT				N AMOUNT OF UNCOLLECTED LIABILITIES AMOUNT AS \$\$\$\$\$\$.CC
				915			
IMPSDISC	177	1	IMPFLAG				N IMPUTATION FLAG: SOP UNCOLL LIAB 0 NOT IMPUTED 1 IMPUTED
				867			
				48			
IMPADISC	178	1	IMPFLAG				N IMPUTATION FLAG: AMT UNCOLL LIAB 0 NOT IMPUTED 1 IMPUTED
				856			
				59			
AMTOTH	179	9	MONYFMT				N AMOUNT PAID BY OTHER SOURCES AMOUNT AS \$\$\$\$\$\$.CC
				915			

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IMPSOTH	188	1	IMPFLAG				N IMPUTATION FLAG: SOP OTHER SOURCES
				910			0 NOT IMPUTED
				5			1 IMPUTED
IMPAOTH	189	1	IMPFLAG				N IMPUTATION FLAG: AMT OTHER SOURCES
				907			0 NOT IMPUTED
				8			1 IMPUTED
ODIAGCNT	190	2					N NUMBER OF DIAGNOSIS CODES ON CLAIM
PRINDIAG	192	5					C PRIMARY ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG1	197	5					C SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	202	5					C THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
PROV	207	6					C PROVIDER NUMBER FROM CLAIM
STATUS	213	2					C BENE STATUS AS OF THRU DATE ON CLAIM
UTLZNDAY	215	3					N NUMBER OF COVERED DAYS OF CARE
COINDAY	218	2					N TOTAL NUMBER OF COINSURANCE DAYS
HMO	220	1	\$HMO				C EVENT PROVIDED BY AN HMO?
				816			0 EVENT NOT PROV BY HMO
				99			1 EVENT PROVIDED BY HMO